

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Bates Registration District No. 59
Township Rich Hill Mo. Primary Registration District No. 2005
City Rich Hill Mo. St. _____ Ward _____

File No. _____

Registered No. 4

2. FULL NAME

JESSIE H. DEPUTY
(a) Residence, No. WALNUT ST. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. U. O. Deputy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 - 1866

7. AGE YEARS 68 MONTHS 9 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Geo Buckley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Gallie -16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Dr. U. O. Deputy (ADDRESS) Rich Hill Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 1-26-3719. UNDERTAKER Biggs & Co. (ADDRESS) Rich Hill Mo.20. FILED Jan 26 1937 Registrar Jenny J. Dean

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 193722. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, to Jan 24 1937.

I last saw him or her alive on Jan. 10 1937. Death is said to have occurred on the date stated above, at 3:00 A. m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis
Diabetes
Cardiac Failure

Date of onset
1920
1925

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. J. Claypool, M.D.(Address) Home, Mo.

